MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00834

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 1/2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 136 N. Jonathan St.

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) EDWARD (Last) AARON

4. DATE OF DEATH (Month) JANUARY (Day) 12 (Year) 1950

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 19 1892
9. AGE last birthday 57 yrs. If under Months. I year Days If under 24 hrs. Hours Mio.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Greencastle, Md.
12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME John William Aaron
14. MOTHER'S MAIDEN NAME Matilda Wright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Marjorie Keets: 62 W. Bethel St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriolar nephrosclerosis	6 mo
Antecedent cause(s)	(b) Hypertensive cardiovascular disease with auricular fibrillation	4 yrs certain (7 days)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

442 131a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thromboangiitis obliterans — 3 mo

19a. DATE OF OPERATION Dec 1949
19b. MAJOR FINDINGS OF OPERATION Thromboangiitis Obliterans
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1949, to Jan 12, 1950, that I last saw the deceased alive on Jan 11, 1950, and that death occurred at 12 20 A.m., from the causes and on the date stated above.

SIGNATURE W. J. Layman, M.D. (Degree or title) ADDRESS Hagerstown, Md. DATE SIGNED Jan 13 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1-15-49
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. Jan 15, 1950
REGISTRAR'S SIGNATURE Oscar H. Bowers
24. FUNERAL DIRECTOR William H. Downey ADDRESS 291 Fredrick St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU U. S.

Dr. Wells

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06835

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Washington
MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 3 Hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural, give location): R#1 Cavetown Pike

3. NAME OF DECEASED (Type or Print): (First) ERNEST (Middle) FOGLE (Last) BAKER

4. DATE OF DEATH: (Month) Jan. 14 (Day) 1950 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 3, 1902

9. AGE last birthday: 47 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Assistant Car Foreman

10b. KIND OF BUSINESS OR INDUSTRY: W. Md. R.R.

11. BIRTHPLACE (State or foreign country): Smithsburg, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry Clay Baker

14. MOTHER'S MAIDEN NAME: Edith Fogle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-10-4723

17. INFORMANT

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

451 **Immediate cause** (a) Acute dissecting aneurysm of aorta — about 3 hrs.

96 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: NO

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Robert E. Wells M.D., DEPUTY MEDICAL EXAM. WASH CO. MD.

ADDRESS: 115 N. Potomac St. Hagerstown, Md.

DATE SIGNED: 1/16/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/17/50

NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery

LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Jan. 17. 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman

ADDRESS: Hagerstown Md.

31647

RECEIVED
JAN 19 1950
U. S.
BUREAU

00836

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 39 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 323 Linganore Avenue	STREET ADDRESS (If rural, give location) 323 Linganore Avenue

3. NAME OF DECEASED (Type or Print)	(First) Roy	(Middle) C.	(Last) Barnhart, Sr.	4. DATE OF DEATH	(Month) Jan. (Day) 10 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-22-1888	9. AGE last birthday 61 yrs.	If under 1 year Months 9 Days 19 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Brakeman	10b. KIND OF BUSINESS OR INDUSTRY W.M.R.R.	11. BIRTHPLACE (State or foreign country) Marion, Pa.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John E. Barnhart		14. MOTHER'S MAIDEN NAME Sarah Little			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 705-10-7974	17. INFORMANT Mrs. Roy C. Barnhart			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardio-Vascular Disease — 15 mo.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1950, to 1-10, 1950, that I last saw the deceased alive on 1-10, 1950, and that death occurred at 12:01 A.M., from the causes and on the date stated above.

SIGNATURE D. E. W. Ditty (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 1/11/50

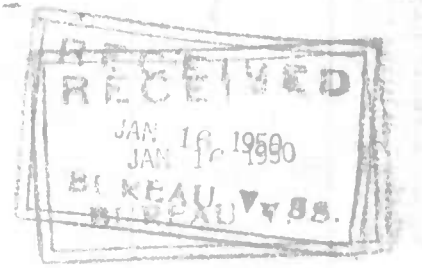
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1-12-1950	NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. Jan. 12 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

41847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15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MARYLAND STATE DEPARTMENT OF HEALTH not Rec 00837

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 18 months 25 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 5619 Ashbourne Rd.

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) (Last) Bell

4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 1950

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: April 24, 1876

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Dorchester Co MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bell

14. MOTHER'S MAIDEN NAME: Mary Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

1914 Immediate cause (a) Bronchopneumonia — Interval Between Onset and Death: One day

Antecedent cause(s)

107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Chest deformity

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 1, 1949, to Jan. 31, 1950, that I last saw the deceased alive on Jan. 31, 1950, and that death occurred at 9.50 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Axel A. Paas M.D. Ritchie State Hosp., Cascade, Md. Jan. 31, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE 2/3/1950; NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery; LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. Feb 2-50; REGISTRAR'S SIGNATURE Geo. W. Ferguson

24. FUNERAL DIRECTOR ADDRESS: LeCompte's Funeral Service Cambridge, Maryland.

VS. A15

RECEIVED
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BUREAU T. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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260

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00838

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 7 months.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg
STREET ADDRESS None (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Thomas (Middle) Henry (Last) Bevans
4. DATE OF DEATH (Month) Jan (Day) 7 (Year) 1950
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb. 20, 1886
9. AGE last birthday 63 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal miner
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Frostburg, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Daniel Bevans
14. MOTHER'S MAIDEN NAME Harriet Ricurt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
422.1 Immediate cause	(a) Pulmonary edema	7 days.
61 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) Diabetes mellitus (2) Gangrene rt 5th toe (1) 4 yrs (2) 6 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Jan. 7, 1950, that I last saw the deceased alive on Jan. 7, 1950, and that death occurred at 9:50 A m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas, (Degree or title) M.D. ADDRESS Ritchie State Hosp. Cascade, MD. DATE SIGNED Jan. 7, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 1/9/50 NAME OF CEMETERY OR CREMATORY Allegany LOCATION (City, town, or county) Frostburg (State) Md

DATE REC'D BY LOCAL REG. 1/9/50 REGISTRAR'S SIGNATURE John R. Archmond Dep. Local Registrar FUNERAL DIRECTOR Joseph R. Durst ADDRESS Frostburg Md

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RECEIVED
JAN 10 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

DR. YEAGER

00839

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASH.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 30 Yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS 52 EAST ANTIETAM St.	STREET ADDRESS (If rural give location) 52 EAST ANTIETAM St.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ELIZABETH (Last) BOND			4. DATE OF DEATH (Month) JAN. (Day) 12 (Year) 1950		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 8 1889	9. AGE last birthday 60 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY NO	11. BIRTHPLACE (State or foreign country) HANOVER PENNA.	12. CITIZEN OF WHAT COUNTRY? U.S A.		
13. FATHER'S NAME JOHN B. WILDASIN		14. MOTHER'S MAIDEN NAME MARY M. SHERMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO	16. SOCIAL SECURITY No. NONE	17. INFORMANT J CLEFTON BOND			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 X	Immediate cause	(a) Cerebral hemorrhage	Jan 7, 1950
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Right side - Hemiplegia	Jan. 7, 1950
		(c) Hypertensive Cardio-vascular Disease	2 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cervical Arthritis — 2 yrs. +

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-4, 1947, to Jan. 12, 1950, that I last saw the deceased alive on Jan. 11, 1950, and that death occurred at 7:039 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Howard Yeager	M.D.	Hagerstown, Md.	Jan. 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE THEREOF 1/14/50	NAME OF CEMETERY OR CREMATORY New Oxford Cemetery	LOCATION (City, town, or county) (State) NEW OXFORD, ADAMS CO. PA.
DATE REC'D BY LOCAL REG. Jan. 13 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR ANDREW K COFFMAN	ADDRESS HAGERSTOWN Md.

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00840

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 221 West Side Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 221 West Side Avenue

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) Edgar (Last) Borne

4. DATE OF DEATH: (Month) January (Day) 17, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 16, 1885

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George L. Borne

14. MOTHER'S MAIDEN NAME: Jane Shiess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Bernice Borne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 10 Minutes

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — 2-8-46

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN): — (COUNTY): — (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Feb. 8, 1946, to Jan. 17, 1950, that I last saw the deceased alive on Jan. 9, 1950, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

W. Howard Yeager, M.D. — Hagerstown, Md. — Jan. 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan. 20, 1950 — NAME OF CEMETERY OR CREMATORY: West Haven Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Jan. 19, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Howard

24. FUNERAL DIRECTOR — ADDRESS: Fred W. Kraiss, Hagerstown, Md.

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RECEIVED
JAN 21 1950
BUREAU V. S.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00841

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 34 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hag erstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural, give location) 339 N. Cannon Ave.

3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Vernon	(Last) Bowers	4. DATE OF DEATH	(Month) Jan (Day) 12 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 6,1882	9. AGE last birthday 67 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sweeper	10b. KIND OF BUSINESS OR INDUSTRY Aircraft	11. BIRTHPLACE (State or foreign country) Penn.	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME William H. Bowers	14. MOTHER'S MAIDEN NAME Mary Varicle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. 220-09-7039	17. INFORMANT AND ADDRESS Mrs. Lucy V. Bowers			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

332X Immediate cause (a) Cerebral Embolism — 6 wks

83b Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on 1-12, 1950, and that death occurred at 9:40 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) S Earl Young MD — ADDRESS Hagerstown Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 14, 1950	NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown Md. (State)
DATE REC'D BY LOCAL REG. Jan. 13, 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

71460

RECEIVED
JAN 16 1950
BUREAU V. S.

Dr. Keadle

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66842

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1139 Oak Hill Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 1139 Oak Hill Avenue

3. NAME OF DECEASED (Type or Print): (First) MARGARET ? (Middle) MARTEN (Last) BROWN

4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 16, 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Shepherdstown W. Va.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry C. Marten

14. MOTHER'S MAIDEN NAME: Dora Bratner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No — (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles W. Brown Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hepatic failure	3 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma, gall bladder	Unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellietes — Unknown

19a. DATE OF OPERATION: October 1949 — **19b. MAJOR FINDINGS OF OPERATION:** Carcinoma of G B — Hagerstown Md — Wash (CITY OR TOWN) (COUNTY) (STATE)

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1949, to 1-4, 1950, that I last saw the deceased alive on 1-4, 1950, and that death occurred at 10:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert T Keadle MD — Hagerstown Md — 1-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** 1/7/50 — **NAME OF CEMETERY OR CREMATORY:** Elmwood Cemetery — **LOCATION (City, town, or county) (State):** Shepherdstown W. Va.

DATE REC'D BY LOCAL REG.: Jan 6 1950 — **REGISTRAR'S SIGNATURE:** Chas H Boevers

24. FUNERAL DIRECTOR: Andrew K. Coffman — **ADDRESS:** Hagerstown Md.

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JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

60843

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena 'Rural' | LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R. 2.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lena (Rural)
STREET ADDRESS (If rural, give location) Boonsboro Md. R. 2

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) Moore (Last) Burris
4. DATE OF DEATH: (Month) January (Day) 3, (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March. 4. 1898
9. AGE last birthday: 51-9-29 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inspector
10b. KIND OF BUSINESS OR INDUSTRY: Construction Mfg.
11. BIRTHPLACE (State or foreign country): York S. C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Archibald Burris
14. MOTHER'S MAIDEN NAME: Jessie Sandifer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 214-09-1495
17. INFORMANT AND ADDRESS: Mrs. Irene Burris Boonsboro Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis — 6 mos.
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ....
(c) Carcinoma of Rectum — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 21, 1949, to Jan 3, 1950, that I last saw the deceased alive on Jan 3, 1950, and that death occurred at ... p.m., from the causes and on the date stated above.

SIGNATURE: G. A. Kohler — (Degree or title) MD — ADDRESS Smithsburg — DATE SIGNED 1/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jany. 7. 1950 | NAME OF CEMETERY OR CREMATORY: Boonsboro Cemetery | LOCATION (City, town, or county) (State): Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG.: January. 6. 1950 | REGISTRAR'S SIGNATURE: John W. Bast

24. FUNERAL DIRECTOR: Wm. J. Bast & Sons. — ADDRESS: Boonsboro Md.

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JAN 9 1950
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06844

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Bessie (Middle) Viola (Last) Byers

4. DATE OF DEATH (Month) Jan. (Day) 9 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 4 1884
9. AGE last birthday 65 yrs. If under 1 year Months 65 Days 9 If under 24 hrs. Hours 4 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Williamsport Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ~~John Sterling~~ John Sterling
14. MOTHER'S MAIDEN NAME Mary Carbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. None
17. INFORMANT Mr. John Byers Williamsport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary infarction of Myocardium	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis Chronic	3 years
	(c) Coronary Arteriosclerosis	3 years

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19....., to Jan. 9, 1950, that I last saw the deceased alive on Jan. 8, 1950, and that death occurred at 11 45 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED Jan. 10, '50

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 11-1950
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REG. Jan 11-1950
REGISTRAR'S SIGNATURE E Lee McElroy
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

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JAN 16 1950
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00845

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) 2 mo x 5 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Main St.
STREET ADDRESS (If rural, give location) Keedysville Md.

3. NAME OF DECEASED (Type or Print): (First) Esta (Middle) Catherine (Last) Clopper

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: January 8. 1868

9. AGE last birthday: 82-0-1 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): near Middletown Frd. Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Brandenburg

14. MOTHER'S MAIDEN NAME: Catherine Hoot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Ross Gantz Boonsboro Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Chronic Myocarditis — 5 yrs.

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1950, to Jan 9, 1950, that I last saw the deceased alive on Jan 7 1950, and that death occurred at 5 A m. from the causes and on the date stated above.

SIGNATURE: W. O'Sullivan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 1/10/50

23. BURIAL, CREMATION REMOVAL (Specify) Interment | DATE THEREOF January 11 1950 | NAME OF CEMETERY OR CREMATORY Boonsboro Mausoleum | LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG. January 10 1950 | REGISTRAR'S SIGNATURE John H. Bast | 24. FUNERAL DIRECTOR Wm J. Bast & Sons ADDRESS Boonsboro Md.

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JAN 12 1950
BUREAU V. S.

00846

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown — LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Edith (Last) Cordell
4. DATE OF DEATH: (Month) Jan. (Day) 11, (Year) 1950
5. SEX: F.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W.
8. DATE OF BIRTH: July 16, 1895
9. AGE last birthday: 54 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Duties
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waynesboro #4
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Michael Moats
14. MOTHER'S MAIDEN NAME: Alice Stouffer
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Donald Cordell, Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver — 1 1/12 year

156.1 Antecedent cause(s)

46 f Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Gall stones — Indefinite

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1948, to Jan. 11, 1950 that I last saw the deceased alive on Jan. 10, 1950, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Williamsport Md. — DATE SIGNED: Jan 13 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/14/50 — NAME OF CEMETERY OR CREMATORY: Quincy — LOCATION (City, town, or county): Quincy — (State): Pa.

DATE REC'D BY LOCAL REG.: Jan. 13, 1950 — REGISTRAR'S SIGNATURE: Chas H. Bowers — 24. FUNERAL DIRECTOR: Walter J. Grove, Waynesboro Pa. — ADDRESS:

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

Ditto
00847

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 12 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 909 Summit Ave.	STREET ADDRESS (If rural, give location): 909 Summit Ave.

3. NAME OF DECEASED (Type or Print)	(First) ETTA	(Middle) NAOMI	(Last) COSS	4. DATE OF DEATH	(Month) Januray (Day) 23 (Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Aug. 4,1887	9. AGE last birthday: 62 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Roxbury Penna.	12. CITIZEN OF WHAT COUNTRY: USA		
13. FATHER'S NAME: James H. Gilbert		14. MOTHER'S MAIDEN NAME: Nancy Ellen Worthington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Non (If year, give war or dates of service) ---	16. SOCIAL SECURITY No.: None	17. INFORMANT AND ADDRESS: Melvin R. Coss			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 Immediate cause (a) Carcinoma of Gall Bladder — 10/1/49

Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-1, 1949, to 1-23, 1950, that I last saw the deceased alive on 1-23, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dr. E. W. Ditto Jr.		Hagerstown Md	1/24/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/26/50	Smithsburg Cemetery	Smithsburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 26, 1950	Chas. H. Bowers	Andrew K. Coffman	Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00848

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Zittlestown | LENGTH OF STAY (In this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Middletown, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Zittlestown Rural
STREET ADDRESS (If rural, give location) Middletown R#1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clifford	Henry	Derr	Jan.	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Feb. 25-1909	40.10.22 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction Co.
11. BIRTHPLACE (State or foreign country): Frederick Co., Md.
12. CITIZEN OF WHAT COUNTRY: U.S.A

13. FATHER'S NAME: Philip E. Derr
14. MOTHER'S MAIDEN NAME: Ada May Lapole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 214-28-5379
17. INFORMANT: Mrs. Virgie Derr Middletown, Md. R#1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia due to smoke fumes	30 min. To 60
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Second & third degree burns to, face arms, body & thighs	
	(c) Inebriated (alcoholic)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Zittlestown	Wash.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Jan 17 50 4:30 P.M.		Deceased in chair and set fire to clothing (cigarette)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wello M.D.	DEPUTY MEDICAL EXAM. WASH. CO. MD.	Hagerstown, Md.	Jan. 18 '50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial -	Janry. 20. 1950	Boonsboro Cemetery	Boonsboro Wash. Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Janry 19, 1950	John W. Bast	Wm. J. Bast & Sons	Boonsboro Md.

9689

RECEIVED
JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00849

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rt. 2
LENGTH OF STAY (in this place): 2⅔ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown Rt. 2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Z. (Last) Ebbitt

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 27, 1882

9. AGE last birthday: 67 yrs. — If under 1 year: Months 8 Days — If under 24 hrs.: Hours Min. 1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rhode Island

12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Michael Martin

14. MOTHER'S MAIDEN NAME: Anna Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Joseph M. Ebbit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary-arteriosclerotic Heart Disease. — Interval between onset and death: 4 yrs

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1950, to Jan 26, 1950, that I last saw the deceased alive on Jan 26, 1950, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE: Delton M. Welty — (Degree or title): M D — ADDRESS: Hagerstown Md. — DATE SIGNED: 1-29-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/31/50 — NAME OF CEMETERY OR CREMATORY: Rose Dale Cemetery — LOCATION (City, town, or county) (State): St. Albans Queen Co. N. Y.

DATE REC'D BY LOCAL REG.: Jan. 29, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: C. M. Suter & Sons. — ADDRESS: Hagerstown, Md.

VS-A15

RECEIVED
JAN 31 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Ditto

00850

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 1 week
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1909 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown R#2
STREET ADDRESS (If rural, give location) Walnut Point Rd.

3. NAME OF DECEASED (Type or Print) (First) LOLA (Middle) IRENE (Last) EVANS

4. DATE OF DEATH (Month) (Day) (Year) Jany 23 1950 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH Feby 14 1891

9. AGE last birthday 58 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Logan township Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Daniel Waychoff

14. MOTHER'S MAIDEN NAME Ulyssa Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Miss Margaret Middlekauff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

443x

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to 1-23, 1950, that I last saw the deceased alive on 1-22, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Dr S W Ditto Jr (Degree or title) ADDRESS Hagerstown DATE SIGNED 1-24-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 1-26-50

NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery

LOCATION (City, town, or county) (State) Hagerstown Wash. Co Md.

DATE REC'D BY LOCAL REG. Jan. 26. 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown Md

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JAN 30 1950
BUREAU V. S.

Evidence for addition of #21 shown on:

00851

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 124 FEB 15 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Samples Manor
STREET ADDRESS (If rural, give location): R.F.D. #1, Harpers Ferry, W. Va.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Kathryn Ewing
4. DATE OF DEATH (Month) (Day) (Year): Jan. 29 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept. 11, 1869
9. AGE last birthday: 80 yrs. — If under 1 year: Months 4, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Samples Manor, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~Stonewall Jackson~~ Eli Hamilton Eichelberger
14. MOTHER'S MAIDEN NAME: Anne Virginia Roulette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Minnie B. Hoffmaster, R.F.D. #1, Harpers Ferry, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
903.0 Immediate cause	(a) Myocardial Insufficiency + Failure	10 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease	5 yrs. +
186a	(c) Fracture of Femur, Neck, Left.	11 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home
(CITY OR TOWN) (COUNTY) (STATE): Keedysville Wash. Co. Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 1/19/50 m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fall down step (2/15/50-- ams)

22. I hereby certify that I attended the deceased from Jan 18, 1950, to Jan 29, 1950, that I last saw the deceased alive on Jan 28, 1950, and that death occurred at 6:40 A. m., from the causes and on the date stated above.

SIGNATURE: Richard V. Hauver (Degree or title) M.D. — ADDRESS: Hagerstown, Md — DATE SIGNED: 1/29/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 1/31/50
NAME OF CEMETERY OR CREMATORY: Samples Manor Cemetery
LOCATION (City, town, or county) (State): Samples Manor, Md.

DATE REC'D BY LOCAL REG.: Jan. 29, 1950
REGISTRAR'S SIGNATURE: Chas H. Bowers
24. FUNERAL DIRECTOR: Melvin V. Snider — ADDRESS: Charles Town West Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 31 1950
BUREAU OF S.

00852

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: WASHINGTON; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
LENGTH OF STAY (In this place): 3 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: WASHINGTON Co. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MD. COUNTY: WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HAGERSTOWN
STREET ADDRESS (If rural, give location): 6 SUTER AVE

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
PEARL	MINNIE	FEIGLEY	JAN.	10	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
FEMALE	WHITE	MARRIED	JUNE 2, 1[illegible]20	29 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.

13. FATHER'S NAME: WILLIAM M. SMITH
14. MOTHER'S MAIDEN NAME: ALICE MILLS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	NONE	CLARENCE FEIGLEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Sub-dural hemorrhage; hemorrhage into brain tissue	Jan. 5'50 ?
903.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a (b)	Lobar pneumonia (bilateral)	Jan. 5'50 ?
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Suters Alley	Hagerstown	Wash.	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☑	HOW DID INJURY OCCUR?
Jan 5 '50 ? m.		History of falling in alley

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☑.*

SIGNATURE: J. Robert Mellor M.D.
(Degree or title): DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS: 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED: 1/10/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 13, 1950	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 2 1950	Chas. H. Bowers	Fred W. Kraiss - Hagerstown, Md.

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JAN 16 1950
BUREAU V. S.

00853

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Leitersburg (Rural) | LENGTH OF STAY (in this place) one month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Brook Lane Farm Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mapleville Rural
STREET ADDRESS (If rural give location) Boonsboro Md. R. 2

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) Emerson (Last) Folty
4. DATE OF DEATH (Month) January (Day) 3 (Year) 1950
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept. 4 - 1874
9. AGE last birthday 75-3-29 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Mapleville Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Benjamin F. Folty
14. MOTHER'S MAIDEN NAME Savilla Fahrney
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Miss Cora Folty Boonsboro Md. R. 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CEREBRAL HEMORRHAGE — 3 HOURS

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CERERAL ARTERIOSCLEROSIS — 4 MONTHS

83a (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 2, 1949, to JANUARY 3rd 1950, that I last saw the deceased alive on JAN 2nd, 1950, and that death occurred at 1 45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Helmut Prage M.D.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Jany. 6. 1950 | NAME OF CEMETERY OR CREMATORY Fahrneys Cemetery | LOCATION (City, town, or county) (State) near Mapleville Md
DATE REC'D BY LOCAL REG. Jan 3. 1950 | REGISTRAR'S SIGNATURE Chas H. Bowers | 24. FUNERAL DIRECTOR Wm F. Bast & Sons ADDRESS Boonsboro Md

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 5 1950
BUREAU V. S.

00854

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Maryland
STREET ADDRESS (If rural, give location) South Artizan St. Ext.

3. NAME OF DECEASED (Type or Print) (First) Rose (Middle) B (Last) Fowler

4. DATE OF DEATH (Month) Jan. (Day) 20 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 20-1883
9. AGE last birthday 67 yrs. yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Polio Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hezekiah Irvin
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Hrbert L. Fowler (son)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

94a

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☑ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/20/50, 19....., to 1/20/50, 19....., that I last saw the deceased alive on 1/20/50, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE R. F. Young (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED 1/21/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Jan. 22 1950 NAME OF CEMETERY OR CREMATORY Bakersville Cemetery LOCATION (City, town, or county) Bakersville (State) Md.

DATE REC'D BY LOCAL REG. Jan. 21, 1950 REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00855

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 201

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WILLIAMSPORT
LENGTH OF STAY (in this place) 3 MO.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium 154 N. ARTIZAN ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural, give location) 12 MAGNOLIA AVE.

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) GUSTAV (Last) FRANKMAN

4. DATE OF DEATH: (Month) January (Day) 8 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 12/21/1859

9. AGE last birthday: 90 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Merchant

10b. KIND OF BUSINESS OR INDUSTRY: Dept. Store

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ADAM FRANKMAN

14. MOTHER'S MAIDEN NAME: ELIZABETH FASSIG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT AND ADDRESS: MRS. HAROLD PETERS Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Edema	24 hours
Antecedent cause(s) 422.2		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Myocarditis Chronic	1 Mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1949, to Jan. 8, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 7:10 P. m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Williamsport Md DATE SIGNED Jan. 9. 50

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE 1/12/1950 NAME OF CEMETERY OR CREMATORY Versailles Cem. LOCATION (City, town, or county) Versailles (State) Drake Co. Ohio

DATE REC'D BY LOCAL REG. Jan 9. 1950 REGISTRAR'S SIGNATURE Estee M Elroy

24. FUNERAL DIRECTOR W. J. Norment ADDRESS Hagerstown, Md.

15.74

RECEIVED
JAN 12 1950
BUREAU V. S.

00856

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY: Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 4 mos.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 26 Randolph Avenue	STREET ADDRESS (If rural, give location): 26 Randolph Avenue

3. NAME OF DECEASED (Type or Print)	(First) Emma	(Middle) Virginia	(Last) Garlock	4. DATE OF DEATH	(Month) Jan.	(Day) 3	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 7-6-1876	9. AGE last birthday: 73 yrs.	If under 1 year Months: 5 Days: 27	If under 24 hrs. Hours: Min.:	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Hagerstown, Wash. Co. Md.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Emmanuel Chrissinger	14. MOTHER'S MAIDEN NAME: Arbelia Danner						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: NONE	17. INFORMANT: Mrs. Georgia G. Davison					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio-Vascular Disease	One
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	year
	(c)	

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-20, 1949, to 1-3, 1950, that I last saw the deceased alive on 1-2-, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. W. Ditto Jr.		Hagerstown Md	1/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 1-5-50	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown, Md.
DATE REC'D BY LOCAL REG.: Jan. 5 1950	REGISTRAR'S SIGNATURE: Chas H. Bowers	24. FUNERAL DIRECTOR: C.M. Suter & Sons, Hagerstown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00857

FILM No. G 124 JAN 20 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 66 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 65½ W. Franklin St.

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) May (Last) Gilbert

4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: March 10, 1874

9. AGE last birthday: ~~74~~ 75 yrs. If under 1 year: Months 10 Days 2 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Hancock Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Truxel

14. MOTHER'S MAIDEN NAME: X Anna Bequeath

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Frank Gilbert

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive Cardiovascular Desease	6-15-46 +
Antecedent cause(s) 422.1		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d	(b) Rheumatoid Arthritis	1945
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 1946, to Jan. 12, 1950, that I last saw the deceased alive on Jan. 12, 1950, and that death occurred at 3:20 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W Howard Yeager, M. D. Hagerstown, Md Jan. 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE Jan 15, 1950 | NAME OF CEMETERY OR CREMATORY Prebysterian | LOCATION (City, town, or county) Warfordsburg (State) Penn.

DATE REC'D BY LOCAL REG. Jan 14 1950 | REGISTRAR'S SIGNATURE Khoda H. Bowers | 24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son Hag Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU V. S.

Evidence for change of age shown on:

00858

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 123 JAN 13 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) 5008 Indian Lane

3. NAME OF DECEASED (Type or Print) (First) Harry (Middle) (Last) Gorrie

4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Dec. 30, 1910

9. AGE last birthday 39 40 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Hyattsville, MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Alexander Gorrie

14. MOTHER'S MAIDEN NAME Elfleda W. Stelfox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
49 IX	Immediate cause	(a) Bronchopneumonia	5 days
107	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Bronchial mucus retention	6 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's disease — 19 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dny) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1949, to Jan. 3, 1950, that I last saw the deceased alive on Jan. 3, 1950, and that death occurred at 3 40 P. m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas, (Degree or title) MD. ADDRESS Ritchie Hosp, Cascade, MD. DATE SIGNED Jan. 3, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 1/4/50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Hyattsville (State) Md.

DATE REC'D BY LOCAL REG. 1/4/50

REGISTRAR'S SIGNATURE John A. Barhan Dep. Local Registrar

24. FUNERAL DIRECTOR Wm. Gosch ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1950
BUREAU V. S.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARGIN RESERVED FOR BINDING

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00859

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 7 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Snyder Avenue	STREET ADDRESS (If rural give location) 8 Snyder Avenue

3. NAME OF DECEASED (Type or Print)	(First) Cora	(Middle) E.	(Last) Gray	4. DATE OF DEATH	(Month) January (Day) 31 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct.10,1877	9. AGE last birthday 72 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Francis B. Riggs	14. MOTHER'S MAIDEN NAME Amanda Nicholson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. None	17. INFORMANT F. Lyle Gray			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
422.2	Immediate cause	(a) Chr. Myocarditis	10 yrs
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	10 yrs
		(c) Bronchiectasis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-1-, 1948, to 1-31, 1950, that I last saw the deceased alive on 1-29, 1950, and that death occurred at 2:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. S. Wolfe		Hagerstown Md	1/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Feb.2,1950	NAME OF CEMETERY OR CREMATORY Fairview Cemetery	LOCATION (City, town, or county) (State) Fairview, Maryland
DATE REC'D BY LOCAL REG. Jan. 31, 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Fred W. Kraiss, Hagerstown, Md.	ADDRESS

RECEIVED
FEB 2 1950
BUREAU V. S

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00860

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook; LENGTH OF STAY (in this place) 50 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.#1, Knoxville, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hook; STREET ADDRESS (If rural, give location) R.F.D.#1, Knoxville, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ella	Rebecca	Greenwalt	Jan. 17, 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	June 21, 1899	50 yrs.	6	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sandy Hook, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Wesley Nuice	Clara Caroline Metzdroff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO None	None	Mr. Howard F. Greenwalt, Box 167-A, R.F.D.#1, Knoxville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary thrombosis	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12 Jan., 1950, to 17 Jan., 1950, that I last saw the deceased alive on 15 Jan., 1950, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Donald K. McClure	MD	Bolivar, W.Va.	17 Jan 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/19/50	Ebenezer Cemetery	Loudoun County, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18/50	Cornelius F. Castle (Deputy)	Julian T. Shriver	Charles Town West Virginia

RECEIVED
JAN 20 1950
BUREAU V. S.

Countersigned
Feb 1-50
Robert Wells, M.D.
DEPUTY MEDICAL EXAM.
WASH. CO., MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06861

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 23 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 41 Charles Street

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 815 Maryland Ave.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) Groves

4. DATE OF DEATH: (Month) Jan (Day) 31 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jun 5, 1904

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Army

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Army

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles D. Groves

14. MOTHER'S MAIDEN NAME: Ida Eisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW #2

16. SOCIAL SECURITY NO.: 212-24-3412

17. INFORMANT AND ADDRESS: Mrs. Mary H. Groves

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	minutes
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary heart disease	4-5 yrs
	(c)	

420.1
940a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19 49 to 1-31 19 50, that I last saw the deceased alive on Oct 19 49, and that death occurred at 4:30 PM m., from the causes and on the date stated above.

SIGNATURE: Robert F. Keadle (Degree or title) — ADDRESS: ROBERT F. KEADLE 132 W. WASHINGTON ST. HAGERSTOWN, MARYLAND — DATE SIGNED: 2-1-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Feb 3, 1950 | NAME OF CEMETERY OR CREMATORY: National Cemetery, Sharpsburg, Md. | LOCATION (City, town, or county) (State): Sharpsburg, Md.

DATE REC'D BY LOCAL REG.: Feb 1. 1950 | REGISTRAR'S SIGNATURE: Elbert H. Bowers | 24. FUNERAL DIRECTOR: W.T. Norment | ADDRESS: Hagerstown, Md.

60896

RECEIVED
FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00862

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Big Spring R.F.D. #1 | LENGTH OF STAY (In this place) 14 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F. D. #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Big Spring Md. RFD #1
STREET ADDRESS (If rural, give location) RFD #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	Virginia	Gruber	Jan.	9	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Mar. 12, 1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Hagerstown, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Newton L. Young	Mary Elizabeth Dailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or uoknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	None	Mr. Howard Gruber (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
160 Immediate cause	(a) Malignancy of nose	10 yrs.
53 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Terminal acute meningitis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Robert Wells M.D.	DEPUTY MEDICAL EXAM. WASH. CO. MD	Hagerstown, Md.	Jan. 9 '50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	Jan. 12 1950	Rose Hill Cemetery	Clearspring	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 12-1950	Joseph W. Murray	Edith V. Leaf	Williamsport Md.

VS. A15A

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00863

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 175 S. Prospect Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 175 South Prospect Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) T. (Last) Hamilton, Jr.

4. DATE OF DEATH: (Month) Jan. (Day) 17 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7-15-1867

9. AGE last birthday: 82 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Hamilton

14. MOTHER'S MAIDEN NAME: Clara Jenness

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Mrs. William T. Hamilton, Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchio-pneumonia — 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension, arterio sclerosis, — 15 yrs.
(c) Cerebral Thrombosis — 2 yrs.

332 X
83 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1947, to Jan 16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 7:40 A.M., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
Elden S. Hoaglund | M.D. | Hagerstown Md. | 1/17/50.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-19-1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Jan. 17. 1950 | REGISTRAR'S SIGNATURE: Chas. H. Bowers | 24. FUNERAL DIRECTOR: C.M. Suter & Sons | ADDRESS: Hagerstown, Md.

25693

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00864

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Smithsburg #2
LENGTH OF STAY (in this place): 17 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Smithsburg #2
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Hattie (Middle) Ellen (Last) Hartman

4. DATE OF DEATH: (Month) Jan. (Day) 22, (Year) 1950

5. SEX: F

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Aug 3 1888

9. AGE last birthday: 61 yrs. — If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Loudon Pa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Scott

14. MOTHER'S MAIDEN NAME: Annie Lininger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | **(If year, give war or dates of service)**:

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Geo. Hartman Smithsburg #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X **Immediate cause** (a) Carcinoma Left breast with generalized metastasis — Interval Between Onset and Death: 3 3/4 yrs

Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NV

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 Nov, 1949, to 22 Jan, 1950, that I last saw the deceased alive on 22 Jan, 1950, and that death occurred at 8.30 P. m., from the causes and on the date stated above.

SIGNATURE: F F Busby (Degree or title) — ADDRESS: 230 Potomac St — DATE SIGNED: 23 Jan 50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1/26/50 | NAME OF CEMETERY OR CREMATORY: Rest Haven | LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: Jan 23-50 | REGISTRAR'S SIGNATURE: Geo. W Ferguson | **24. FUNERAL DIRECTOR**: Walter G. Grove | ADDRESS: Waynesboro Pa.

RECEIVED
JAN 25 1950
BUREAU V. S.

00865

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 30 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 615 Sunset Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 615 Sunset Avenue

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) Lincoln (Last) Henneberger

4. DATE OF DEATH: (Month) 1 (Day) 3 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 7, 1865

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant-Retired

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred Henneberger

14. MOTHER'S MAIDEN NAME: Mary Elizabeth Wampler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hubert A. Henneberger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease — Interval between onset and death: 10 yrs +

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

93d

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED Whilo at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to 3 Jan, 1950, that I last saw the deceased alive on 28 Dec, 1949, and that death occurred at 4:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) F F Lusky — ADDRESS 230 N Potomac — DATE SIGNED 4 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan. 6, 1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Jan 4 1950 — REGISTRAR'S SIGNATURE: Chas H Boerner

24. FUNERAL DIRECTOR — ADDRESS: Fred W. Kraiss, Hagerstown, Md.

15661

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JAN 6 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00866

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 308 Jefferson St.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): BESSIE VIOLA HORSH
4. DATE OF DEATH (Month) (Day) (Year): Jan 4 1950

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 29-1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper
11. BIRTHPLACE (State or foreign country): Shippensburg Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Varner
14. MOTHER'S MAIDEN NAME: Jane Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Joseph E. Horsh

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardio Vascular Disease — 5 yrs

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gangrene (arterial sclerosis) of left foot — 4 wks

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-15, 1949, to 1-4, 1950, that I last saw the deceased alive on 1-3-50, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

SIGNATURE: D. W. Ditty (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 1/4/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/7/50 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Jan 6. 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Rest Haven Funeral Chapel, Inc. — ADDRESS: Hagerstown Md.

RECEIVED
JAN 9 1950
BUREAU V. S.

Evidence for change of age shown on:

FILM No. G 1 25 JAN 26 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Miller

00867

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 655 N. Locust, Street	STREET ADDRESS (If rural, give location) 655 N. Locust St.

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Lawrence	(Last) Huff	4. DATE OF DEATH	(Month) Jan. (Day) 21, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH Oct. 13, 1873	9. AGE last birthday ~~77~~ 76 yrs.	If under 1 year Months, Days; If under 24 hrs. Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Middletown, Va.	12. CITIZEN OF WHAT COUNTRY? U. S. A		
13. FATHER'S NAME Daniel Huff		14. MOTHER'S MAIDEN NAME Elizabeth Rose			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service) no	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Lucile Taylor		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary Tuberculosis	? 5-6 years
13b Antecedent cause(s)	(b) Arterio-Sclerosis	? 10-15 years
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION 0	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) 0	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 0	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from Jan 1, 1940, to 1/21, 1950, that I last saw the deceased alive on 1/17, 1950, and that death occurred at 5 ? a. m., from the causes and on the date stated above.

SIGNATURE Victor D Miller — (Degree or title) DR. VICTOR D. MILLER — ADDRESS 131 W. WASHINGTON ST., HAGERSTOWN, MD. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan. 23/50	NAME OF CEMETERY OR CREMATORY Middletown Cemetery	LOCATION (City, town, or county) (State) Middletown, Va.
DATE REC'D BY LOCAL REG. Jan. 21, 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown. Md.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00868

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Md. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give neerest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) RFD # 2

3. NAME OF DECEASED (Type or Print) (First) Ronald (Middle) Theodore (Last) Jackson

4. DATE OF DEATH (Month) Jan. (Day) 28 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Baby

8. DATE OF BIRTH Aug. 27 1949

9. AGE last birthday yrs. If under 1 year Months 5 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baby

10b. KIND OF BUSINESS OR INDUSTRY Baby

11. BIRTHPLACE (State or foreign country) Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Walter Jackson

14. MOTHER'S MAIDEN NAME Thora Ranch Hershey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give wer or detes of service) No

16. SOCIAL SECURITY No. None

17. INFORMANT Mrs. Thora Jackson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Embryonal carcinosarcoma kidney, left — INTERVAL BETWEEN ONSET AND DEATH since birth

180x

Antecedent cause(s) Diseeses or conditions, if eny, giving rise to the above cause stating the underlying ceuse last (b) None

52a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the diseese or condition causing death. None

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-13-49 19....., to 1-28-50, 19....., that I last saw the deceased alive on 1-27-50, 19....., and that death occurred at 1:05 A m., from the causes and on the date stated above.

SIGNATURE Archie Robin Chew (Degree or title) MD ADDRESS Clear Spring, Maryland DATE SIGNED 1-28-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Jan. 30 1950 NAME OF CEMETERY OR CREMATORY Clearspring Mennonite LOCATION (City, town, or county) Clearspring Md. (State)

DATE REC'D BY LOCAL REG. Jan. 30 1950 REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Edith V. Leaf ADDRESS Williamsport Md.

2-0-8-27-9-24-4-40-R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M C I T

RECEIVED
FEB 1 1950
BUREAU U. S.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00869

CERTIFICATE OF DEATH

Reg. Dist. No. 800

FILM No. G 124 FEB 9 1950

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpesburg
LENGTH OF STAY (in this place) 9 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sharpesburg
STREET ADDRESS (If rural, give location) Main Street

3. NAME OF DECEASED (Type or Print) (First) Philip (Middle) Noah (Last) Jamison

4. DATE OF DEATH (Month) January (Day) 13, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 12, 1892
9. AGE last birthday 57 58 yrs. If under 1 year Months 6 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Limestone Mine
11. BIRTHPLACE (State or foreign country) Chestnut Grove, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Samuel Lester Jamison
14. MOTHER'S MAIDEN NAME Alice Rebecca Crampton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Agnes S. Jamison Sharpesburg, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331V	Immediate cause	(a) Massive cerebral hemorrhage	24 hours
83a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis and hypertension	1 Yr plu
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old left sided hemiplegia from accident — 26 yers

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/12, 1950, to 1/13/50, 19, that I last saw the deceased alive on 1/13/50, 19, and that death occurred at 4:40 A.m., from the causes and on the date stated above.

SIGNATURE Walter H. Shealy (Degree or title) M. D. ADDRESS Sharpsburg, Md. DATE SIGNED 1/14/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/16/50
NAME OF CEMETERY OR CREMATORY Samples Manor Cemetery
LOCATION (City, town, or county) (State) Samples Manor, Md.

DATE REC'D BY LOCAL REG. 1-14 1950
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS Charles Town West Virginia

988 V6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 3 1950
BUREAU V. S.

Countersigned
F. Robert Mills, M.D.
Deputy Med. Exam.
Wash. Co. Md.
Jan. 18 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00870

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) Suman's Alley

3. NAME OF DECEASED (Type or Print) (First) Beulah (Middle) NMN (Last) Kane

4. DATE OF DEATH (Month) Jan. (Day) 12, (Year) 1950

5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH July 4, 1907
9. AGE last birthday 42 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Hamilton
14. MOTHER'S MAIDEN NAME Lizzie Cooper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT William Hamilton Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia	6 days
916.0 Antecedent cause(s)	(b) 2nd & 3rd degree burns of torso & extremities (70% body surf)	19 days
181 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Acute Congestive cardiac failure	2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Syphilis, secondary, late latent

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Hagerstown (COUNTY) Washington (STATE) Md.
TIME OF INJURY (Month) Dec. (Day) 24, (Year) 1949 (Hour) 11 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Pt was pouring kerosene in kitchen store

22. I hereby certify that I attended the deceased from Dec. 24, 1949, to Jan. 12, 1950, that I last saw the deceased alive on Jan 12, 1950, and that death occurred at 6:45 a.m., from the causes and on the date stated above.

SIGNATURE John A. Moran (Degree or title) M.D. ADDRESS 215 W. Washington St., Hagerstown, Md. DATE SIGNED 1/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 1-17-50
NAME OF CEMETERY OR CREMATORY Riverview Cemetery
LOCATION (City, town, or county) Williamsport (State) Md.

DATE REC'D BY LOCAL REG. Jan. 17, 1950
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR William H. Downey ADDRESS 291 Frederick St. Hagerstown

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1950
BUREAU V. S.

06871

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; LENGTH OF STAY (In this place) 7 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash, Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 211 East Franklin Street

3. NAME OF DECEASED (Type or Print): (First) Carl (Middle) Joseph (Last) Klock

4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 6-13-1949

9. AGE last birthday: 0 yrs. If under 1 year: Months 7, Days 12; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ronald V. Klock

14. MOTHER'S MAIDEN NAME: Peggy R. Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Ronald V. Klock

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Toxemia, aspiration of stomach contents — 1-2 days

472.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Pharyngitis leading to — 5 days,

119a (c) Gastroenteritis with diarrhea — 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1949 to 1-25, 1950, that I last saw the deceased alive on 1-25, 1950, and that death occurred at 4:31 a.m., from the causes stated on the date stated above.

SIGNATURE Robert J. Headle (Degree or title) MD ADDRESS 132 W. WASHINGTON ST, HAGERSTOWN, MARYLAND DATE SIGNED 1-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 1-27-1950; NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery; LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REG. 1-27-50; REGISTRAR'S SIGNATURE Chas. H. Bowers; 24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md. ADDRESS

2-0-6-18-9-23-2-40-R

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06872

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 141 W. Church St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 141 W. Church St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Shoenberger		Knipple	Jan.	27	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	widowed	Jan. 15, 1904	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Jamison Co	Ridgley, W. Va.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Grant Knipple	Cora Albright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no no	236-14-7973	Mrs. Cora Knipple

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute coronary thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Peptic ulcer	
	(c)	

540.0
322.2
1172

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Alcoholic (Spinal fluid test not received)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		Found dead in bed

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Mills M.D.	DEPUTY MEDICAL EXAM, WASH. CO., MD.	115 N. Potomac St. Hagerstown, Md.	1/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 30 1950	Harmony Cemetery	Marlowe W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 30, 1950	Chas H Bowers	Edith V. Leaf	Williamsport, Md.

98899

RECEIVED
FEB 1 1950
BUREAU V. S.

00873

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Downsville
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Williamsport Md. R.1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Downsville
STREET ADDRESS (If rural, give location): Williamsport Md. R.1

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Franklin (Last) Knodle

4. DATE OF DEATH: (Month) January (Day) 2 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 28-1881
9. AGE last birthday: 68-7-4 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: General Store
11. BIRTHPLACE (State or foreign country): St. James Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Knodle
14. MOTHER'S MAIDEN NAME: Laura Fahrney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY No.: 219-20-2385
17. INFORMANT AND ADDRESS: Mrs. Alma K. Knodle Williamsport Md. R.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion — Immediate

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/2/50, 19....., to 1/2/50, 19....., that I last saw the deceased alive on 1/2/50, 19....., and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: R. Young — (Degree or title): Ne D — ADDRESS: Williamsport Md — DATE SIGNED: 1/3/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: January 5-1949 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md

DATE REC'D BY LOCAL REG.: Jan 5-1950 — REGISTRAR'S SIGNATURE: O. Lee McElroy — 24. FUNERAL DIRECTOR: Wm. F. Bast & Sons — ADDRESS: Boonsboro Md.

29079

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

00874

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown — LENGTH OF STAY (in this place): 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2 Braxton Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Hagerstown
STREET ADDRESS (If rural give location): 2 Braxton Avenue

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) E. (Last) LEE

4. DATE OF DEATH (Month) 1 (Day) 23 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 12/25/1885
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborers
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): White Post, Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 213-10-6556A
17. INFORMANT: Robert E. Lee Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

592X Immediate cause (a) Hypertensive cardio-vascular heart disease (arteria sclerotic)

Antecedent cause(s)

131b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) chr. glomerular nephritis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: no
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify): No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from sudden death at home about, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7A m., from the causes and on the date stated above.

SIGNATURE: S. Robert Wells, M.D. (Degree or title) DEPUTY MEDICAL EXAM WASH. CO., MD.
ADDRESS: 115 N. Potomac Hagerstown
DATE SIGNED: 1/24/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 1/25/1950
NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
LOCATION (City, town, or county): Hagerstown (State): Md.

DATE REC'D BY LOCAL REG.: Jan 25 1950
REGISTRAR'S SIGNATURE: Chas H Bowers
24. FUNERAL DIRECTOR: William H Downey — ADDRESS: 291 Fredrick st

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1950
BUREAU V. S.

00875

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Kohler

CERTIFICATE OF DEATH

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville
LENGTH OF STAY (in this place): 36 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chewsville
STREET ADDRESS (If rural give location): Main St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAURA	ELLEN	LONGNECKER	Jan	14	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Sep. 28 1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Cavetown, Maryland.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Silas Pound
14. MOTHER'S MAIDEN NAME: Mary Eliz. Sneckenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Robert Longnecker.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 X — Immediate cause	(a) Cerebral Hemorrhage	4 days
83a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Generalized Arteriosclerosis	7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Jan. 14, 1950, that I last saw the deceased alive on Jan. 14, 1950, and that death occurred at 11:40 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
G. E. Kohler	M.D.	Smithsburg	1/14/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/17/50	U.B. Cemetery	Chewsville, Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 17, 1950	Chas. H. Bowers	Andrew K. Coffman, Hagerstown, Md.

RECEIVED
JAN 19 1950
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00967

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.
STREET ADDRESS (If rural, give location) 129 W Salisbury Street

3. NAME OF DECEASED (Type or Print): (First) Donald Lee (Middle) (Last) Malott

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 5 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: Dec. 15 1949

9. AGE last birthday: 21 days Yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY: Baby

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norman Wilbert Malott

14. MOTHER'S MAIDEN NAME: Mary Lousie Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr. Norman W. Malott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5 **Immediate cause** (a) Prematurity 7mo — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

159 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis — 2 Days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/49, 19..., to 1/5/50, 19..., that I last saw the deceased alive on 1/5/50, 19..., and that death occurred at 3:17 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ralph F. Young M.D. Williamsport Md 1/5/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan. 6 1950 | NAME OF CEMETERY OR CREMATORY: Riverview Cemetery | LOCATION (City, town, or county) (State): Williamsport Md.

DATE REC'D BY LOCAL REG.: Jan 6. 1950 | REGISTRAR'S SIGNATURE: Chas H Towers

24. FUNERAL DIRECTOR | ADDRESS: Edith V Leaf Williamsport Md.

V-O-K-15-9-26-5-31-R

RECEIVED
JAN 9 1950
BUREAU V. S.

Dr. Ditto
00876

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; LENGTH OF STAY (in this place) Hagerstown; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #1 Beaver Creek

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown; STREET ADDRESS (If rural give location) Route #1 Beaver Creek

3. NAME OF DECEASED (Type or Print): (First) LAVINA (Middle) FRESHOUR (Last) McCAULEY

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 9, 1867

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wolfsville, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Henry Freshour M

14. MOTHER'S MAIDEN NAME: Margaret Blickenstaff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Mary M. Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Coronary Disease	4 yr
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	II Carcinoma Bladder (2/14/50 - ams)	6 mo.
	(c)		

420.1
52b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1948, to 1-2, 1950, that I last saw the deceased alive on 1-2, 1950, and that death occurred at 4 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. J. W. Ditto ADDRESS Hagerstown Md DATE SIGNED 1/3/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 1/5/50 | NAME OF CEMETERY OR CREMATORY Beaver Creek Cemetery | LOCATION (City, town, or county) (State) Beaver Creek, Wash. Co. Md.

DATE REC'D BY LOCAL REG. Jany. 5. 1950 | REGISTRAR'S SIGNATURE John W. Bast | 24. FUNERAL DIRECTOR Andrew E. Coffman ADDRESS Hagerstown Md.

181

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00877

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 8 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 707 Summit Avenue

3. NAME OF DECEASED (Type or Print): (First) Lange (Middle) H. (Last) Meredith

4. DATE OF DEATH: (Mooth) Jan. (Day) 31, (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 7, 1881

9. AGE last birthday: 68 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R. R.

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Veniah T. Meredith

14. MOTHER'S MAIDEN NAME: Katherine Mentzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowo): No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Lula M. Meredith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
450.0 Immediate cause	(a) Uremia	2 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 131a	(b) Chronic Nephritis	2 yrs.
	(c) Generalized Arteriosclerosis	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 49 to Jan., 19 50 that I last saw the deceased alive on Jan 31, 19 50, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Robert V. Campbell MD Hagerstown md Feb 1/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Feb. 3, 1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, towo, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG.: Feb. 1. 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

496 47

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FEB 3 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00878

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 20 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 S. Mulberry	STREET ADDRESS (If rural, give location) 26 S. Mulberry

3. NAME OF DECEASED (Type or Print)	(First) Webster	(Middle) Washington	(Last) Miller	4. DATE OF DEATH	(Month) Jan (Day) 16 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH July 23, 1866	9. AGE last birthday 83 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Express Messenger	10b. KIND OF BUSINESS OR INDUSTRY Mining Machinery	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Martin H. Miller	14. MOTHER'S MAIDEN NAME Alcinda Eakle				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY No. -------	17. INFORMANT AND ADDRESS Webster W. Lantz			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

481x Immediate cause (a) Carpo-Nasalar Sinus — 2 yrs

Antecedent cause(s)

33b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) La Grippe — 4 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-4, 1950, to 1-16, 1950, that I last saw the deceased alive on ....., 19....., and that death occurred at 2:25 a m., from the causes and on the date stated above.

SIGNATURE S. E. W. Ditto (Degree or title) ADDRESS Hagerstown Md DATE SIGNED 1/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 19, 1950	NAME OF CEMETERY OR CREMATORY Bakersville	LOCATION (City, town, or county) Near Sharpsburg (State) Md.
DATE REC'D BY LOCAL REG. Jan. 17, 1950	REGISTRAR'S SIGNATURE Chas H Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

25437

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

Do not put DeSota away.

00879

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cascade — LENGTH OF STAY (In this place): 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ritchie State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville
STREET ADDRESS (If rural, give location): 1007 Edmonston Drive

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) Franklin (Last) Mitchell
4. DATE OF DEATH: (Month) Jan. (Day) 14, (Year) 1950
5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 12, 1887
9. AGE last birthday: 62 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Culpeper, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Andrew Jackson Mitchell
14. MOTHER'S MAIDEN NAME: Gale Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420 1 Immediate cause (a) Acute coronary insufficiency

Antecedent cause(s)

93 d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Right hemiplegia from cerebrovascular acc — 11 months

(c) Arteriosclerotic cardiovascular disease — 11 months

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 15, 1949, to Jan. 14, 1950, that I last saw the deceased alive on Jan. 14, 1950, and that death occurred at 8:50 A. m., from the causes and on the date stated above.

SIGNATURE: Axel A. Paas — (Degree or title) M.D. — ADDRESS: Ritchie State Hosp. Cascade Md. — DATE SIGNED: Jan. 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/17/50 — NAME OF CEMETERY OR CREMATORY: BAPTIST CHURCH CEMT. — LOCATION (City, town, or county) (State): STEVENSBURG, VA.

DATE REC'D BY LOCAL REG.: 1/17/50 — REGISTRAR'S SIGNATURE: John H. Cochran — 24. FUNERAL DIRECTOR: W. W. CHAMBERS — ADDRESS: 1400 CHAPIN ST NW

Dep Local Reg.

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 17 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 50 Broadway

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) ELLEN (Last) MYERS

4. DATE OF DEATH: (Month) January (Day) 12 (Year) 19 50

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Aug. 4, 1857

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Work

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Sharpsburg Md.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob C. Myers

14. MOTHER'S MAIDEN NAME: Ann Cookerly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Cora Gloss

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage.	1-11-50
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular Disease.	10 yrs
443X 932	(c) Rheumatoid Arthritis	28 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-31-, 1937, to Jan. 12, 1950, that I last saw the deceased alive on Jan. 11, 1950, and that death occurred at 7:15 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W Howard Dyer Jr	M.D.	Hagerstown Md	Jan. 13, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/14/50	Mountain View Cem.	Sharpsburg Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 13, 1950	Chas H Bowers	Andrew K. Coffman	Hagerstown Md.

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00881

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 335 Liberty St.

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Wilson (Last) Poffenberger

4. DATE OF DEATH: (Month) Jan. (Day) 5 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 11, 1904

9. AGE last birthday: 45 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Otho J. Poffenberger

14. MOTHER'S MAIDEN NAME: Nellie Slick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220/09/7309

17. INFORMANT: Mrs. Albert Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute traumatic hemorrhage of liver. Shock — Interval Between Onset and Death: Dec. 30 49

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (Note:-also jumped out of hospital window 10hrs before death)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Alcoholic delirium

19a. DATE OF OPERATION: Jan. 2, 1950

19b. MAJOR FINDINGS OF OPERATION: Massive hematoma of liver & free blood in peri-tonial cavity

20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN) Hagerstown (COUNTY) Wash. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 30 49 ? P m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Apparently fell while inebriated

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: S. Roland Wells M.D. (Degree or title) DEPUTY MEDICAL EXAMINER WASH. CO., MD.

ADDRESS: 115 N. Potomac St. Hagerstown, Md.

DATE SIGNED: 1/6/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 9, 1950

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Jan. 6, 1950

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss, Hagerstown, Maryland

98809

RECEIVED
JAN 9 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00882

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY: Washington; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; LENGTH OF STAY (in this place): 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Wash.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Keedysville; STREET ADDRESS (If rural give location): Main

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Rhiner (Last) Pry

4. DATE OF DEATH: (Month) Jan. (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 22, 1884

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Keedysville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Emory Pry

14. MOTHER'S MAIDEN NAME: Carrie Warfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT: Dudley Pry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 X — **Immediate cause** (a) Cerebral hemorrhage — Interval between onset and death: 21 hours

88a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral arteriosclerosis and hypertension — 1 Yr. plus

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Obesity. Wt. 345 lbs. — 20 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/21 1950, to 1/22 1950, that I last saw the deceased alive on 1/21/50, 19....., and that death occurred at 3:53 Am., from the causes and on the date stated above.

SIGNATURE: Walter H Shealy (Degree or title) M.D. ADDRESS: Sharpsburg, Md. DATE SIGNED: Jan. 22 1950

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: Jan. 24 1950

NAME OF CEMETERY OR CREMATORY: Fair-View

LOCATION (City, town, or county): Keedysville (State): Md

DATE REC'D BY LOCAL REG.: Jan 23 1950

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: R. I. Earnshaw--Keedysville, Md ADDRESS:

6899

RECEIVED
JAN 25 1950
BUREAU V. S.

Evidence for change of birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00883

FILM No. G 124 FEB 2 1950

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade — LENGTH OF STAY (in this place) 1 month 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital	STREET ADDRESS (If rural, give location) 1119 Asquith St. ✓

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eva		Ramsaur		Jan.	22	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	AGE last birthday	If under 1 Month	1 year Days	If under 24 hrs. Hours	Min.
female	Colored	married	February 3- 1904	46 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Culpper, Virginia	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Collings	Maggie Perrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
unknown		Hospital Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
171X Immediate cause	(a) Carcinoma of the cervix with lung metastases.	Grow 10 months
Antecedent cause(s)		
48a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec 16, 1949, to Jan 22, 1950, that I last saw the deceased alive on Jan. 20, 1950, and that death occurred at 9.50 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Axel A. Paas	MD.	Ritchie Hosp. Cascade, Md.	Jan. 22, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-26-50	Mt Calvary Cem	K. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-25-50		Paynes Sanders	1412 E Preston St

VS. A15

00884

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore Dr. 1

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Virginia COUNTY Roanoke
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Roanoke
STREET ADDRESS (If rural give location) 3122 Courtland Ave.

3. NAME OF DECEASED (Type or Print) (First) ESTELLE (Middle) MAY (Last) ROBERTS

4. DATE OF DEATH (Month) January (Day) 17 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10/12/1890

9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Roanoke Virginia

12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME William Ledbetter

14. MOTHER'S MAIDEN NAME May Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Frank E. Roberts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 2 days

830 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis. — ?

Hypertension. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 14, 1950, to Jan 17, 1950, that I last saw the deceased alive on Jan 17, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Phillip Workman M.D. ADDRESS Hagerstown Md. DATE SIGNED 1/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/20/50

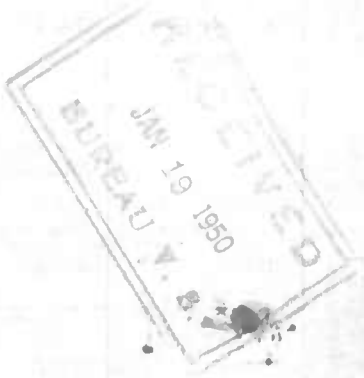
NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) (State) Roanoke, Roanoke Co. Va.

DATE REC'D BY LOCAL REG. Jan 21 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.


RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00885

Dr. Hirshman

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 12 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 226 Byran Place

3. NAME OF DECEASED (Type or Print) (First) Ada (Middle) Myrtle (Last) Schultz

4. DATE OF DEATH (Month) Jan. (Day) 15 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Jan. 14, 1870

9. AGE last birthday 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Chairmain, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Fitz

14. MOTHER'S MAIDEN NAME Henrietta Zellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. None

17. INFORMANT Mrs George Reynolds

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary occlusion — Interval between onset and death: 10 hrs

940 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis - Generalized — ?

(c) Hypertension — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 5, 1941 to Jan 15, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 5.30 P m., from the causes and on the date stated above.

SIGNATURE Chas H Hirshman (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 1/16/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/18/50

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. Jan. 17, 1950

REGISTRAR'S SIGNATURE Chas H Bowers

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Hornbaker

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 912 Hamilton Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 912 Hamilton Blvd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Frederick Eyerly Shilling

4. DATE OF DEATH (Month) (Day) (Year): January - 16 - 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 27 - 1873

9. AGE last birthday: 76-10-19 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Superintent of Hagerstown City Light Plant

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): near Funkstown Wash. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Shilling

14. MOTHER'S MAIDEN NAME: Margaret Shilling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 215-20-8302

17. INFORMANT AND ADDRESS: Mrs. Marjorie C. Shilling 912 Hamilton Blvd. Hagerstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1939, to 1-16, 1950, that I last saw the deceased alive on 1-16, 1950, and that death occurred at 1.45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John S. Hornbaker M.D. — ADDRESS: 154 W. Washington St. Hagerstown, Md. — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jany. 19. 1950 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Hagerstown Wash. Co. Md.

DATE REC'D BY LOCAL REG.: Jan. 18. 1950 — REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Wm F. Bast & Sons — ADDRESS: Boonsboro Md.

31658

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

RECEIVED
JAN 20 1950
BUREAU V. S.

00887

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH · COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Wash
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 6 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital	STREET ADDRESS (If rural, give location) 112 East Ave.

3. NAME OF DECEASED (Type or Print)	(First) Vernie	(Middle) Elizebeth	(Last) Shinham	4. DATE OF DEATH	(Month) Jan (Day) 28 (Year) 1950
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 20, 1876	9. AGE last birthday 73 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME F. Joe Neibert	14. MOTHER'S MAIDEN NAME Annie E. Hicks				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. ------	17. INFORMANT AND ADDRESS Harry Shinham			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	10 mo.
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	? 3 yrs.
	(c)	

420.0

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-, 1947, to 1-26, 1950, that I last saw the deceased alive on 1-26, 1950, and that death occurred at 2:10 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John H. Hornbaker, M.D.		154 W. Washington St., Hagerstown, Md	

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 29, 1950	NAME OF CEMETERY OR CREMATORY Broadfording	LOCATION (City, town, or county) Broadfording (State) Md.
DATE REC'D BY LOCAL REG. Jan 29, 1950	REGISTRAR'S SIGNATURE Chas H. Bowers	24. FUNERAL DIRECTOR Scott F. Minnich & Son	ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00888

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 54 Wayside Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 54 Wayside Avenue

3. NAME OF DECEASED (Type or Print): (First) Otho (Middle) (Last) Slifer

4. DATE OF DEATH: (Month) January (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 10, 1860

9. AGE last birthday: 89 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Martin Slifer

14. MOTHER'S MAIDEN NAME: Clara Shafer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Brown C. Long

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Thrombosis	36 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Congestive Heart Failure	8 months
	(c) Arteriosclerotic Heart Disease	unknown

420.0
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1949, to Jan. 9, 1950, that I last saw the deceased alive on Jan. 9, 1950, and that death occurred at 9:45 p. m., from the causes and on the date stated above.

SIGNATURE: George Jennings M.D. — (Degree or title) — ADDRESS: 114 Broadway, Hagerstown — DATE SIGNED: Jan. 10, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan. 12, 1950 — NAME OF CEMETERY OR CREMATORY: Church of The Brethren — LOCATION (City, town, or county) (State): The Manor, Maryland

DATE REC'D BY LOCAL REG.: Jan. 12, 1950 — REGISTRAR'S SIGNATURE: Edith H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Fred W. Kraiss, Hagerstown, Maryland

00888

VS. A15

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00889

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; LENGTH OF STAY (in this place) LIFE; HOSPITAL OR INSTITUTION OR STREET ADDRESS 142 S. LOCUST ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY WASHINGTO; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN; STREET ADDRESS (If rural, give location) 142 S. LOCUST ST.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRANK	LESLIE	SMITH	JANUARY	4	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	3/6/1891	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED MACHINIST	RAIL ROAD	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GEORGE P. SMITH	ANNIE CITTLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
NO	NONE	MRS. MAUDE J. SMITH WIFE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia	2 days
420.0 Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	3 yrs.
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Nephrosclerosis.	3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3, 1949, to Jan 4th, 1950, that I last saw the deceased alive on Jan 3rd, 1950, and that death occurred at 11 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Chas P. Holman MD	159 W Washington St	1/6/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	1/8/50	BOONSBORO CEM.	BOONSBORO MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 6 1950	Chas H. Bowers	W.T. NORMENT	HAGERSTOWN MD.

326 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

159 W. WASH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00890

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (in this place) 67 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS 68 E. Franklin St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown

STREET ADDRESS (If rural, give location) 211 Jefferson

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) Lester (Last) Snyder

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Whitev

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 10, 1882

9. AGE last birthday: 67 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: Pumping Station

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christian N. Snyder

14. MOTHER'S MAIDEN NAME: Laura S. Friese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)

16. SOCIAL SECURITY No. 214-09-6895

17. INFORMANT AND ADDRESS: Mrs. Margaret Lewis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	1 minute
Antecedent cause(s)	(b) Arteriosclerotic Heart Disease	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

420.0

53

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Basal cell Carcinoma of Face c̄ metastasis to submaxillary glands 18 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 16, 1949, to Dec. 20th, 1949, that I last saw the deceased alive on Dec 20th, 1949, and that death occurred at 10:10 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) | ADDRESS: 159 W Washington St Hagerstown Md | DATE SIGNED: 1/23/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Jan 25, 1950 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county): Hagerstown (State) Md.

DATE REC'D BY LOCAL REG.: Jan 25, 1950 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: Scott F. Minnich & Son | ADDRESS: Hag. Md.

602-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 27 1950
BUREAU N. B.

Dr. Beachley
06891

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 46 Years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 145 Summit Ave.	STREET ADDRESS (If rural, give location): 145 Summit Ave.

3. NAME OF DECEASED (Type or Print)	(First) MAUDE	(Middle) REBECCA	(Last) Sperow SPREOW	4. DATE OF DEATH	(Month) Jan.	(Day) 27	(Year) 1950
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: 1/9/76	9. AGE last birthday: 74 yrs.	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Berkley Co. W. Va.	12. CITIZEN OF WHAT COUNTRY: USA				
13. FATHER'S NAME: John Sperow	14. MOTHER'S MAIDEN NAME: Elizabeth Emmert						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If year, give war or dates of service): ---	16. SOCIAL SECURITY NO.: None	17. INFORMANT AND ADDRESS: Emmert Sperow					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Chronic Uremia

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio Vascular Disease 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Arteriosclerosis 10 yrs.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 5, 1950, to Jan 27, 1950, that I last saw the deceased alive on Jan 27, 1950, and that death occurred at 930 A m., from the causes and on the date stated above.

SIGNATURE: C. H. Beachley (Degree or title) M.D. — ADDRESS: Hagerstown, Md — DATE SIGNED: Jan 28/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 1/30/50	NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	LOCATION (City, town, or county) (State): Hagerstown Md.
DATE REC'D BY LOCAL REG.: Jan 30, 1950	REGISTRAR'S SIGNATURE: Chas H. Bowers	24. FUNERAL DIRECTOR: Andrew K. Coffman	ADDRESS: Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

00892

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 18 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1 Sunnyside Road

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Manuel (Last) Strebig
4. DATE OF DEATH (Month) 1 (Day) 16 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Mar 8, 1884
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Strebig
14. MOTHER'S MAIDEN NAME Rebecca Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic, Hypertensive CV Disease ?

443x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

93d

(c) Generalized arteriosclerosis ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 21, 1948, to Jan 16, 1950, that I last saw the deceased alive on Jan 15, 1950, and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE Thomas M. Arrington (Degree or title) M.D. ADDRESS Ritchie Hospital DATE SIGNED 1/16/50

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF Jan 19. 1950
NAME OF CEMETERY OR CREMATORY Mt Bethel Cemetery
LOCATION (City, town, or county) Columbia (State) Pa.

DATE REC'D BY LOCAL REG. 1/17/50
REGISTRAR'S SIGNATURE Geo. W Ferguson
24. FUNERAL DIRECTOR ~~Etzweiler Funeral Home Columbia~~ M. L. Creager & Son Thurmont - Md ADDRESS Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 19 1950
BUREAU V. S.

Dr. Earl Young

00893

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 6 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 120 W. Howard St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 120 W. Howard St.

3. NAME OF DECEASED (Type or Print): (First) METTIE (Middle) SUSAN (Last) TAYLOR

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept, 12, 1896

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Wolfsville Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Caleb H. Grossnickel

14. MOTHER'S MAIDEN NAME: Charlotte Kinna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Charles E. Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	10 min
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular disease	4 yrs
	(c)	

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-13, 19....., to 1-9-50, 19....., that I last saw the deceased alive on 1-8, 1950, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE: A E Coffman M.D. (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/12/50 | NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery | LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Jan. 11, 1950 | REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman | ADDRESS: Hagerstown, Md.

RECEIVED
JAN 13 1950
BUREAU V. S.

Dr. Hirshman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00894

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
LENGTH OF STAY (in this place): 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #2

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Hagerstown
STREET ADDRESS (If rural give location): Route #2

3. NAME OF DECEASED (Type or Print): (First) ANNA [illegible] (Middle) LULA (Last) TRITSCH

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 28, 1879

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): St. James Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abraham Groff

14. MOTHER'S MAIDEN NAME: Susan Valentine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY No.: None

17. INFORMANT: Charles M. Tritsch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: √ minutes

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Arteriosclerosis — ?

(c) — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19e. DATE OF OPERATION

19h. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1, 1949, to Jan 6, 1950, that I last saw the deceased alive on Jan 5, 1950, and that death occurred at 3.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas M Hirshman MD — ADDRESS: Hagerstown Md — DATE SIGNED: 1/7/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/8/50 — NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery — LOCATION (City, town, or county) (State): Funkstown Md.

DATE REC'D BY LOCAL REG.: Jan 7, 1950 — REGISTRAR'S SIGNATURE: Beast Beavers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman Hagerstown Md.

RECEIVED
JAN 10 1950
BUREAU V. S.

M

I

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00895

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 308 S. Cannon Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 308 S. Cannon Avenue

3. NAME OF DECEASED (Type or Print) (First) Abram (Middle) (Last) Troxell

4. DATE OF DEATH (Month) January (Day) 3, (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 17, 1867
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocer
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Levy Troxell
14. MOTHER'S MAIDEN NAME Schilling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Paul G. Troxell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertensive Cardiovascular Disease	10 yrs +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Acute Bronchitis	Dec. 23, '49
	(c)	

443 X

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 23, 1949, to Jan. 3, 1950, that I last saw the deceased alive on Jan. 3, 1950, and that death occurred at 7:35 a.m., from the causes and on the date stated above.

SIGNATURE W. Howard Yeager (Degree or title) M.D. ADDRESS Hagerstown, Maryland DATE SIGNED Jan. 4 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 5, 1950
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REG. Jan. 4, 1950
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Fred W. Kraiss ADDRESS Hagerstown, Md.

15661

RECEIVED
JAN 6 1950
BUREAU V. S.

Dr, Victor Miller

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00896

Reg. Dist. No. 3-02

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; MARYLAND; LENGTH OF STAY (In this place) 2 Weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co, Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural give location) 404 McDowell Ave.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Henry (Last) Walker

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2/12/1883

9. AGE last birthday: 66 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R. R. Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Prattsville Ala.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles P. Walker

14. MOTHER'S MAIDEN NAME: Lucy Hurd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 719-07-0758

17. INFORMANT: Mrs Ida R. Walker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	10 days
331 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Arterio-Sclerosis	8.
	(c) 0	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: 0

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from December 15, 1949, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 3 0 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Victor D Miller DR. VICTOR D. MILLER 131 W. WASHINGTON HAGERSTOWN, MD.

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: 1/5/50; NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery; LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REG.: Jan. 4/1950; REGISTRAR'S SIGNATURE: Bleakley Bowers

24. FUNERAL DIRECTOR: Andrew K. Coffman ADDRESS: Hagerstown Md.

25495

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
JAN 6 1950
BUREAU V. S.

Dr. Wells

00897

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (In this place) 3hr.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Court House	STREET ADDRESS (If rural, give location) 1737 Virginia Ave.

3. NAME OF DECEASED (Type or Print) (First) ROBERT (Middle) (Last) WARNER			4. DATE OF DEATH (Month) Jan (Day) 16 (Year) 1950		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27 1884	9. AGE last birthday 65 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer, Penna R.R.	10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George Warner			14. MOTHER'S MAIDEN NAME Anna Martin		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 717-07-9328	17. INFORMANT Minne E Warner.		

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) hypertensive vascular	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. ~~valvular~~ myocardial heart disease (arteriosclerotic)	
93d	(c) acute coronary occlusion	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. rheumatoid arthritis

19a. DATE OF OPERATION no	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. NO	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE A. Robert Wells M.D. (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 1/17/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 1/19/50	NAME OF CEMETERY OR CREMATORY Rose Hill	LOCATION (City, town, or county) Hagerstown, (State) Maryland.
DATE REC'D BY LOCAL REG. Jan. 18, 1950	REGISTRAR'S SIGNATURE Chas. H. Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman.	ADDRESS Hagerstown, Md.

98847

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JAN 20 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00898

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Hagerstown Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Pennsylvania — COUNTY: Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Mercersberg, Rural Route #2 ✓

3. NAME OF DECEASED (Type or Print) (First): Harry (Middle): Clay (Last): Weaver

4. DATE OF DEATH (Month): Jan. (Day): 1 (Year): 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 10, 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Washington Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Upton Weaver
14. MOTHER'S MAIDEN NAME: Mary Vance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. J. Dean Weaver, Hag RD #4

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — 4 days

Antecedent cause(s)

422.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic cardiovascular disease — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/30, 1949, to 1-1, 1950, that I last saw the deceased alive on 1/1, 1950, and that death occurred at 550 p.m., from the causes and on the date stated above.

SIGNATURE: John S. Horseback M.D. (Degree or title) — ADDRESS: 154 W. Washington St. Hagerstown, Md. — DATE SIGNED: 1-3-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 4, 1950 — NAME OF CEMETERY OR CREMATORY: Rest Haven Cemetery — LOCATION (City, town, or county): Washington Co. (State): Md.

DATE REC'D BY LOCAL REG.: Jan. 3, 1950 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: Harold M. Zimmerman — ADDRESS: Greencastle, Pa.

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Evidence for addition in 18a shown on:

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

FILM No. G 1 24 FEB 14 1950

Reg. Dist. No. 306

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade
LENGTH OF STAY (in this place) 1 year 2½ mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 506 W. Fayette St.

3. NAME OF DECEASED (Type or Print) (First) Luther (Middle) Samuel (Last) Wood

4. DATE OF DEATH (Month) Jan. (Day) 14 (Year) 1950

5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 2, 1879
9. AGE last birthday 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Wood
14. MOTHER'S MAIDEN NAME Elizabeth Forven

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hospital Record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331	Immediate cause	(a) Lobar pneumonia - terminal condition (2-14-50 - ams)	3 days
	Antecedent cause(s)		
108	Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis & Hypertension	—
		(c) Cerebrovascular accident	6 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 9, 1950, to Jan. 14, 1950, that I last saw the deceased alive on Jan. 14, 1950, and that death occurred at 7:20 A. m., from the causes and on the date stated above.

SIGNATURE Axel A. Paas (Degree or title) M.D. ADDRESS Ritchie State Hosp. Cascade MD. DATE SIGNED Jan. 14, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/17/50
NAME OF CEMETERY OR CREMATORY Stanton Va
LOCATION (City, town, or county) Stanton (State) Va

DATE REC'D BY LOCAL REG. 1/14/50
REGISTRAR'S SIGNATURE John R Cochran
Dep Local Registrar
24. FUNERAL DIRECTOR Walter Y Grove, ADDRESS Waynesboro Pa.

71071

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00900

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cascade; LENGTH OF STAY (in this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ritchie Hospital; STATE MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural, give location) 48 Charles Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Frank	G	Woodyard	Jan.	18	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Separated	May 15, 1892	57 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Garage Car Washer

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Westminster, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Woodyard

14. MOTHER'S MAIDEN NAME: Emma Simpson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unk.

16. SOCIAL SECURITY NO.: 214-01-0510 unknown

17. INFORMANT: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastric Hemorrhage	Frequent
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of stomach	about 10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb. 1949	Carcinoma of Stomach - operation in Sinai Hosp. Balto	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 17, 1950, to Jan. 18, 1950, that I last saw the deceased alive on Jan. 18, 1950, and that death occurred at 6 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lai	M.D.	Ritchie Hospital	Jan. 18, 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/20/50	Ellsworth Cemetery	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18/50	John A. Cochran Dep. Local Registrar	J. S. Myers Jr.	Westminster Md

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JAN 20 1950
BUREAU V. S.